

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 5-20-08

Address: 8225 RIPPERDAN VALLEY

Case #: 45-48377

CENTRAL

County: HARRISON

IN 47110

Type of Laboratory Seizure (check one)

- ☒ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☒ Residence ☐ Hotel/Motel
☐ Outbuilding ☐ Open - No Structure
☐ Vehicle ☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): RESIDENCE
☒ Red Phosphorous/Iodine Reaction(s): OUTSIDE
☒ Flammable Solvents: RESIDENCE
☒ Water Reactive Metal (Lithium): RESIDENCE
☒ Anhydrous Ammonia: RESIDENCE
☒ Hydrochloric Acid Gas Generator(s): RESIDENCE
☒ Corrosive Acid: RESIDENCE AND OUTSIDE TRASH
☒ Corrosive Base: RESIDENCE
☐ Other (item and location): _____

Child under age 18 discovered (check one)

- ☒ Yes 1 (number present)
☐ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☐ Other: _____

This report is to be faxed to the following agencies that serve the location:

Fire Department: HARRISON TWP.

Fax: N/A

Health Department: HARRISON CO.

Fax: 812-738-4292

Child Protection Service: HARRISON CO.

Fax: 812-738-8166

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: K.M. SMITH

Phone 812-246-5424

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.